



Guide for Developing Student Driven Outreach Programs

Introduction

Street medicine is the medical field dedicated to the provision of health care to individuals living on the streets of our communities. The Street Medicine Institute Student Coalition (SMISC) was founded in 2018 to support the development of health profession student-driven street medicine programs at academic institutions around the world. The Street Medicine Institute (SMI) supports student efforts to organize and deliver medical care on the streets in a manner that is consistent with the mission and values of the Institute and in alignment with local rules, policies and restrictions.

A student-driven street medicine program differs from a traditional program in the following ways:

- Programs are linked with or sponsored by academic institutions (health professions schools)
- Students are not licensed to provide medical care, therefore active partnerships with medical providers are essential
- Student time is very limited and can vary depending upon curricular schedules and academic demands
- Student leadership turnover is high, but predictable, due to the time limited nature of undergraduate and professional degree programs
- Financial support for programs can be complex and challenging.

The following guide provides suggestions and recommendations gleaned from *lessons learned* and as such, is shared in a spirit of collaboration and support. This guide will provide you with a framework for developing a student-driven street medicine program. We will review the essential elements of a successful and sustainable program, suggest a process for getting started in your community, and offer suggestions for overcoming challenges.

Getting Started:

How do you get off the ground and onto the streets? Every community is unique in its history and resources and successful street medicine programs adapt themselves to the needs of the communities in which they operate. Similarly, street medicine programs are initiated in different ways; however, students in the street medicine community have found certain strategies to be particularly effective.

Many successful programs arise from within student interest groups. Family medicine, internal medicine, emergency medicine, global health, and public health interest groups often bring together students who find holistic care appealing. Faculty advisors associated with these groups typically have the skills and the values that align well with street medicine.

Other student driven street medicine programs find success as a natural extension of pre-existing student-run free clinics. These clinics have organizational structures and institutional affiliations that allow for easy development of outreach teams.

Occasionally, students run into stiff headwinds when working with school administrators who may not have a full understanding of street medicine. Time, patience, and diplomacy are essential in these circumstances. Moreover, in instances when the barriers to starting a street medicine program through one's academic institution are simply unsurpassable, students could join forces with community organizations, residency programs, or community groups in order to become involved in direct medical care on the streets.

It is important to remember that achieving an integrated, transdisciplinary, university-based program can involve a multi-year campaign. Starting a street medicine program is NOT easy and students who do so successfully certainly do not do it alone! Please reach out to studentcoalition@streetmedicine.org and let us know how we can support you no matter what stage of development your team is in!

Below you will find SMISCs recommended steps for building a student-driven street medicine program.

A Note on Timing and Process

The process of getting to know the homeless services landscape and assessing the need for services often takes several years. In fact, you may spend your entire health professions school experience on these two steps, and that is ok! It is much better to start street outreach later on with a deeper understanding than rush in early and blindly. Also, note that it is not expected that all emerging student programs will follow the steps in the order in which they're written below. SMISC's general recommendations are that you survey the landscape before assessing the need and identify a champion and build support before beginning street outreach. However, every student-driven program follows its own unique foundational journey. You should follow the process that works for your community.

Steps for Success

Step 1: Survey the Landscape

Before you jump in and begin drafting up program plans, do your research and look around. Every jurisdiction in the US conducts an annual Point-in-Time count that captures the number and basic characteristics (e.g. sheltered vs. unsheltered) of the local homeless population. A Point-in-Time equivalent is conducted in some European countries and in other countries worldwide, data on homelessness comes from the census. The Point-in-Time Count report, which can typically be accessed on your city government's website, is a great place to begin your research on the local landscape. You should also research local service providers and attempt to answer the following questions.

- What is the size and location of the rough-sleeping population in your community?
- What other organizations are already addressing some of the needs of this population?
- What gaps in service currently exist? Are there programs already in place that provide street medicine?

- If so, can you join forces as partners, collaborators, or volunteers?
- Has the city government/local housing department constructed a plan for addressing homelessness locally? If so, what policies/procedures are being or will be implemented?

You want to ensure that you are not reinventing the wheel, so if another street medicine program is operating in your community, reach out to them! Moreover, many student street medicine programs have found success in building partnerships with local FQHCs or free clinics that treat people experiencing homelessness. Such partnerships allow student teams to refer individuals who require a higher level of care than can be provided in the street and can facilitate connections with like-minded and credentialed health care professionals. If you identify such a clinic in your community, it would be a good idea to connect with their leadership, introduce yourself, and explain your efforts as well as your motivations. If possible, you should also ask what major needs and/or barriers to care this clinic has identified. Your program will aim to address these barriers by quite literally going to those who for whatever reason, cannot access local hospitals and clinics. SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) teams, which are located in most major cities, are also a great resource for assessing homelessness in your community and finding out what housing resources are available.

Finally, ask yourself and interested classmates what they have seen of and/or learned about the local homeless population. Street medicine programs typically focus on the unsheltered (or “rough-sleeping”) population as research has shown that those who lack shelter are even less likely than sheltered homeless individuals to access health care services. Have you seen and/or interacted with individuals who congregate outdoors? Are there many encampments or do individuals seem to be residing in the woods? Some iterations of street medicine also serve a significant number of sheltered individuals, oftentimes through partnerships with shelters and/or other homeless service providers.

What form should your program take? It depends on what your community needs. The following two sections will guide you through the process of identifying the needs of your community.

Step 2: Find Your Champion

Once you have surveyed the landscape, you must find your medical champion: a provider who is willing to work with you to carry “the ask” forward. Your champion will provide your program with legitimacy and serve as its ambassador in interactions with your affiliated academic institution and/or hospital system. They should be a licensed medical provider who is authorized to supervise students and prescribe medication. Someone who has worked with marginalized patient populations and is willing to supervise as well as provide direct patient care on the street is ideal. Generally, providers with broad clinical experience, such as family physicians, general internists, emergency physicians as well as advanced practice nurse practitioners (APRNs) and physician assistants, are well suited for this role. In most states, APRNs and PAs have full authority to both prescribe medication and supervise health care students. Confirm with your university and/or affiliated health center to ensure you understand the local laws and policies.

Step 3: Assess the Need

After familiarizing yourself with other service providers in your community and finding a champion, the next step is to assess the need for services. This can be done through a “needs assessment” that directly surveys individuals and assesses community homeless service capacity in order to determine what additional health and/or social services are most needed. First, it is important to review local homeless service organizations’ and/or your local city government’s websites to learn if a needs assessment has been conducted in your community in the past 1-2 years. If one has, do not conduct your own—it would be silly for your team to re-survey individuals only to get information that has already been collected. If no needs assessment has been conducted recently, consider conducting your own. However, you should note that it is important to have a degree of contextual understanding of a population prior to undertaking a survey and is not generally recommended to conduct a needs assessment of a population with whom you are unfamiliar.¹ If this is the case, you should consider partnering with an existing organization that is known and trusted by the houseless community. The individuals you’re surveying will be more likely to share honest information with you if they trust the organization conducting the survey. Additionally, if the environment where surveying would take place is deemed unsafe by local homeless service providers, alternative methods for surveying individuals should be considered. Finally, be mindful that directly questioning individuals can be intrusive; thus, it is important to ask questions in a sensitive, trauma-informed manner.

If it is safe and feasible to survey individuals directly and you have a good enough relationship with the community to do so and/or have partnered with an existing organization, consult SMISC’s recommended needs assessment methodology [here](#). Keep in mind that the needs assessment of individuals should not begin until your team has consulted research/documents and talked with homeless service organizations to gauge the homeless service landscape in your community. There is no hard rule on what questions you should be asking; however, it is generally a good idea to pay special attention to homelessness history, risk factors, perceptions of barriers to care, and previous experiences accessing health care services in the community.

Step 4: Build Support

Once you have identified a medical champion, you must garner broad faculty and administrative support. Your champion can be instrumental in helping to organize lectures as well as presentations at medical staff meetings, grand rounds, and other academic events. You also need to develop a plan for educating key stakeholders about street medicine and the benefits it could offer your community and institution. “Stakeholders” include but are not limited to your institution’s dean, associate dean for student services, diversity officer, and coordinator of

¹ <https://www.who.int/health-cluster/resources/publications/hc-guide/HC-Guide-chapter-10.pdf?ua=1>

student programs as well as the chairs of key clinical departments.

In discussing street medicine with key stakeholders, be honest but be strategic. Learn to speak their language. Structure your proposal for a program by conveying the aspects of street medicine that align with your institution's mission and/or meet your academic program's objectives. You can find some examples of previously-successful student program proposals in the [appendix](#). It may also be helpful to emphasize how your program could advance the humanitarian mission of your affiliated health system and/or help to deter people experiencing homelessness from excessive emergency service utilization. Historically, programs have conveyed street medicine as something that will address a need. Some examples include:

- A need to reduce costs of unreimbursed care for “super utilizers” of emergency services, who are often people experiencing homelessness (see [appendix](#) for an example)
- A need to develop programs that allow students to carry out your institution's mission and/or goals relating to diversity and inclusion.
- A need to meet accreditation requirements (LCME for medical schools) that require community service.
- A need for students to collaborate across disciplines and provide what many institutions call interdisciplinary and what SMI calls “transdisciplinary” care.
- A need to address health inequity and eliminate health disparities in your community.

Another key relationship to develop is one with someone who is already knowledgeable and respected by the community experiencing homelessness (AKA your “community guide”). This is ideally someone who was formerly or is currently experiencing homelessness but could also be a community health worker who is well known and respected among the community. Ideally, you would identify this individual organically through your current affiliations/relationships with other homeless service providers. If this individual is willing and feels they too would benefit from being your community guide, allow them to introduce you to the community and the local unsheltered culture. Allow them to “train” you. Remember: you are just learning here. They are the expert.

Step 5: Define your team. Who are you and how do you operate?

Organizational planning often seems furthest from what you want to do, which is get out on the streets to help people. However, without a structure and plan, heading out on outreach is like trekking cross-country without a GPS.

Ideally, by this point you have identified some classmates who are interested in volunteering for your street medicine team. If you have not, information sessions are a fantastic recruitment tool. Several health professions student-driven street medicine programs are currently attempting to partner with other graduate student programs with the ultimate goal of creating a transdisciplinary student-driven street medicine program. Although a truly transdisciplinary graduate student program has not been achieved yet (to our knowledge), reach out to

studentcoalition@streetmedicine.org to get connected with teams that are working towards this goal.

Once you have some teammates, define your goal(s). The overarching goal of street medicine is “to provide appropriate, quality care to persons sleeping rough.” You must define your program’s goal in relation to this broader goal. Ask yourselves: “Why are we doing this?” “What is our goal?” “How will the world be different if we accomplish it?”

The next step is to develop mission, vision, and values statements (note that some programs also use mission and method statements). Ask yourselves, “By what principles will we operate the program?” Statements should be developed through a group process and agreed upon by all. Such statements are essential for uniting your volunteers and student leaders. Additionally, having such statements on hand will pay off later when one of your team members or a key stakeholder needs to be reminded of what you do and why you do it. Examples of several student-driven programs’ mission statements can be found in the [appendix](#).

There is a natural tendency to want to do everything from the start. Instead, start small and do it well. Think of your first 6-12 months of operation as a pilot study. Spend time planning, adjusting, and recalibrating. Do not let perfection paralyze you. Our friends on the streets value authenticity, predictability and long-term commitments. Showing up consistently is the first step.

Along with your mission, vision, and values it is vital to establish policies and procedures. A policies and procedures document will guide your organization and avoid some of the guesswork that will inevitably result from student leader transitions. Additionally, your institution’s risk management may require such a document. While the specific contents of a P&P document can vary across programs, consider covering topics such as leadership structure, volunteer requirements/expectations, and safety. UB Heals’ Policy and Procedures Manual, which can be found in the [appendix](#), provides a comprehensive example. However, your program’s document can be as comprehensive as your teammates and/or administration needs it to be. At minimum, SMISC recommends that you include information on the following:

- Budget (see an example in the [appendix](#))
- Fundraising and grants (if applicable)
- Outreach protocols
- Medication storage protocols
- Community partners
- Documentation
- Team leadership structure
- Volunteer training

Once your program has gotten off the ground, it is essential that all volunteers are oriented to the philosophy of street medicine and are provided necessary information to make your street outreach both safe and effective. Many student programs utilize their school’s course management system or Survey Monkey to create modules that can be completed asynchronously by volunteers. It is important to track completion both for quality assurance and risk management purposes.

The following is a list of suggested topics to include in volunteer training (see examples of nearly all of the following in the [appendix](#)):

- General philosophy and principles
- H&P forms
- HOUSED BEDS clinical tool
- Safety
- HIPAA & Malpractice coverage
- Operations and logistics (who, what, when, where and how)
- Waiver of personal liability
- Permission to be photographed

[Here](#) is an example of an effective volunteer training presentation by MSUCOM's Spartan Street Medicine.

Step 6: Define the services you will provide

In general, when navigating liability and legal questions, you should aim to find out what your administration's concerns are, what they are searching for to satisfy those concerns, and what form they prefer the answers to come. For example, Risk Management might want a Policy and Procedures Manual, and your physician supervisors might want clinical guidelines or clinical protocols. If you are planning to provide clinical services on the street, another vital step is identifying your malpractice insurance provider. If your administration is willing to include your program's services under the umbrella of "clinical activities," then you may be able to be covered by the institution's malpractice insurance. For more information on navigating malpractice insurance and other matters that must be worked out with your administration, consult the [SMISC FAQ](#) document. Regardless of what services you are authorized to provide, ensure that your program has a clearly defined scope of practice before going on outreach for the first time.

Is your organization seeking to link individuals with and/or provide non-healthcare social services (i.e. case management)? Then coordinating with social service providers is essential. For example, there is likely only one organization that distributes section 8 housing vouchers in your community. In such cases, it is a good idea to either go out on outreach with such providers, if possible, or work with them to develop a process for your volunteers to refer patients who are looking for housing. Additionally, you should ensure that your volunteers know where to refer individuals who are in need of other social services and/or items considered "basic needs" (e.g., ID, phone, clothing for cold weather, etc.). Creating a list of phone numbers that includes local shelters, inpatient rehabilitation services, mental health services, etc., can facilitate the referral process. In situations where basic needs (e.g. food, water, shelter, etc.) are not provided by other organizations in your community and/or are provided by an entity that is inaccessible to many, your team can and should provide essential survival items to the extent you can. At minimum, new clean socks are important for foot hygiene and can serve as the icebreaker needed to start a conversation that can then uncover medical needs. Other student groups have been able to provide clothing, sleeping bags, tents, sun block, insect repellent, water, sandwiches, and masks as well as hand sanitizer during the COVID-19 pandemic. Your needs

assessment data can be helpful in determining what essential items your team should aim to provide with the limited funding and resources at your disposal.

Step 7: Document what you do

Always remember that although the circumstances and venues of care are unique in street medicine, we are still held to the standards of care that you would expect in any hospital or clinic. This extends to documentation of services. Before hitting the streets, you need to establish a method for documenting encounters that is compliant and in alignment with your school or hospital's policies. For some, this may mean utilizing an electronic health record that links into a larger system. For others, it may mean developing templated paper records that are kept securely at all times. Certain student programs, including MSUCOM's Detroit Street Care and Wayne State's Street Medicine Detroit have found success using G-Suite google drive, one of several HIPAA-approved drive-based online services. Find an example documentation template in the [appendix](#). (Note that google drive without G-Suite is not HIPAA-compliant). Further guidance on identifying and constructing a documentation method that works for your team can be found on page 5 of the [SMISC FAQ](#).

In addition to establishing a documentation method, it is also important to establish what specific information volunteers are responsible for documenting on each night of outreach. University at Buffalo Jacobs School of Medicine's UB Heals lays out a comprehensive documentation process in their policies and procedures manual ([see appendix](#)). Data relating to the number of patients seen, types of conditions encountered, and projected cost savings become crucial as you make your case for funding. Donors like to be assured that their dollars have a measurable impact, so start keeping records. Moreover, contributing your program's data to the SMI is essential. Substantial data from showing the benefits of street medicine in different community settings has and will continue to fuel growth of the global movement.

Step 8: Plan for supplies and equipment

In street medicine, we provide care on the streets, under bridges, in encampments, and in back alleys. The backpack is the best way to easily organize and transport necessary items including medications, wound care supplies, medical records, and socks.

When planning for supplies and equipment, consider the following questions:

- How will you obtain and sustain supplies?
- Where will supplies and equipment be stored?
- Is storage space secure and accessible?
- Is there a monitoring system in place to insure that medications and supplies are up to date?
- Who is responsible for inventory management?

In terms of obtaining supplies, your affiliated health center is the first place to inquire for donations. If donations from your local hospital or clinic are not an option, investigate

opportunities to purchase supplies at a wholesale discount. A comprehensive list of what Dr. Jim Withers, founder of the SMI, recommends keeping in your backpack can be found on the SMISC drive; however, most student programs' medical backpacks are not stocked with this much supplies, as demonstrated by the student team backpack checklists in the [appendix](#). Your program's resources and scope of practice (as well as your preceptor's scope of practice) will determine how much supplies you carry.

Step 9: Secure funding

Securing start-up funds as well as ensuring cash flow for ongoing operations is a critical consideration. Depending upon your local circumstance and academic affiliation, you may be able to receive budgeted funds from your home institution. Potential internal sources of funding include departmental and school dollars. Many universities also provide underwriting for student organizations, so check out those sources. It is likely that your program will need to also look outside of your institution to fully cover costs of supplies and other essentials. Potential funding sources outside of your institution include:

- Local medical associations
- Rotary clubs
- Local public/private school fundraisers/charity events
- General donations (MSUCOM's Detroit Street Care has found great success by making an Amazon wishlist)

When speaking with potential donors, note that having prepared presentations that describe your work and outcome measures add to the credibility. In all cases, know your audience. Cater your request for funding to their interests and/or mission. An example of a convincing presentation given by UR Street Medicine as part of a Community Health Improvement Course can be found [here](#).

Step 10: Become an advocate

The specific services your team provides are only part of the story. Your larger goal should be to serve as advocates for our marginalized brothers and sisters living on the streets around the world. The solution to homelessness is... a home! But barriers such as the lack of affordable housing, unmet mental health needs, discriminatory housing and employment policies, substance use, and institutional bias perpetuate the problem. When on outreach, you will likely identify systemic inequities that are negatively impacting the homeless community. When you do, don't be complacent -- advocate! For example, Michigan State University College of Osteopathic Medicine and Wayne State School of Medicine students noticed that the encampment removal policy during the COVID-19 pandemic was both disruptive and dangerous to individuals living on the streets of Detroit. Thus, they took it upon themselves to write a letter to the institutions responsible while recruiting other organizations and influential community members that also serve their community of rough sleepers to advocate for all forceful removals to be halted. After forging this transdisciplinary coalition and undertaking multiple forms of

advocacy, the City of Detroit eventually enacted Interim Policies and Procedures that temporarily banned encampment removals (see document [here](#)). Additional examples of advocacy span the spectrum from letters to the editor of your local paper to testimony before legislators. Think creatively and collaborate with others in your academic environment as well as your community to promote social justice. Your local schools of law, social work and public health can offer many resources in this regard.

Step 11: Become part of the larger street medicine community

The work that you will do on and off the streets is hard and emotionally draining. Take time to reflect and process. Get into the habit of debriefing after outreach and seeking each other's support. Some guidelines for reflection in street medicine can be found in [this webinar](#).

Speaking of support, the Street Medicine Institute (SMI) is a great way to “find your people”. SMI is a membership organization that links people from around the world in a network of supportive relationships, shared best practices, and scholarly research. Our annual International Street Medicine Symposium provides a rich environment in which to share and learn. Students are encouraged to attend and subsidies are provided to poster and session presenters.

In addition, SMISC hosts monthly webinars, journal clubs, and trainings on a rotating schedule such that 4 of each event type are offered each year. Each event provides a unique learning opportunity and a chance to connect with your global community of street medicine-involved students. Moreover, students who attend 6 out of 12 events will receive a special recognition called the “Street Medicine Certificate.” If you are interested in getting notified about SMISC events, such as webinars, journal clubs, and trainings, you can sign up for our listserv [here](#).

We welcome you to register your program with SMISC and assign a Student Liaison that can represent you at SMI whether you are still planning or are executing your program. SMISC and our international network of street medicine students and providers are here to support you, and the earlier you reach out to us, the better! In addition to consulting our [FAQ document](#) and attending SMISC virtual events, you can contact SMISC board members directly with your questions. You can use this [SMISC board member bios document](#) to learn who might be appropriate to contact, or feel free to reach out to studentcoalition@streetmedicine.org and you will be guided to the right person and/or resources!

And now that you are on the streets...

So you have done your homework! You have recruited faculty, organized peers, secured funding, and started conducting street outreach. But wait! Have you thought about what will happen after you graduate?

Succession planning for leadership is essential for any student run organization. Member turnover is a built-in reality of all graduate student clubs and organizations. With this in mind, it is important to think proactively about recruitment of peers to literally follow in your footsteps. Be

aggressive in getting the word out through social media. Make sure that you have a presence at student organization recruitment fairs. Provide mentorship and leadership development at every opportunity.

Summary

Street medicine is not for everyone. Those who embrace this work are comfortable with uncertainty, enjoy challenges, think outside the box, and are humble enough to shed all prestige and allow our brothers and sisters on the streets to be our teacher. It is only when we are not afraid to become vulnerable enough to enter another's life at their time of greatest need that our calling as health professionals is fully realized.

Please know that the SMISC stands ready to assist you at any stage of development. You can reach out with questions for the SMISC board at any time and will be directed to the board member who can best answer your question. studentcoalition@streetmedicine.org!

